

01-23-02

PTO/SB/05 04-04

Approved for use through 10/31/2002. OMB 0651-0047  
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02/05/10

**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	GNVNP.037BUSA
First Inventor	Guangping Gao et al
Title <i>Recombinant Cell Lines and Constructs useful in the production of E1 deleted Adenoviruses in Absence of Replication Competent Adenovirus</i>	
Express Mail Label No.	ET033621342US

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

1.  Fee Transmittal Form (e.g., PTO/SB/17)  
*(Submit an original and a duplicate for processing)*

2.  Applicant claims small entity status.  
See 37 CFR 1.27.

3.  Specification [Total Pages 26]

- Descriptive title of the invention
- Cross Reference to Related Applications
- Statement Regarding Fed Sponsored R & D
- Reference to sequence listing, a table, or a computer program listing appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure

4.  Drawing(s) (35 U.S.C. 113) [Total Sheets 2]

5. Oath or Declaration [Total Pages 28]

a.  Newly executed (original or copy)

b.  Copy from a prior application (37 CFR 1.63 (d))  
(for continuation/divisional with Box 18 completed)

i.  **DELETION OF INVENTOR(S)**  
Signed statement attached deleting Inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).

6.  Application Data Sheet. See 37 CFR 1.76

**ADDRESS TO:** Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

7.  CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)

8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)

a.  Computer Readable Form (CRF)

b. Specification Sequence Listing on:

- i.  CD-ROM or CD-R (2 copies); or
- ii.  paper

c.  Statements verifying identity of above copies

**ACCOMPANYING APPLICATION PARTS**

9.  Assignment Papers (cover sheet & document(s))

10.  37 CFR 3.73(b) Statement  Power of (when there is an assignee)  Attorney

11.  English Translation Document (if applicable)

12.  Information Disclosure Statement (IDS)/PTO-1449  Copies of IDS

13.  Preliminary Amendment

14.  Return Receipt Postcard (MPEP 503)  
*(Should be specifically itemized)*

15.  Certified Copy of Priority Document(s)  
*(if foreign priority is claimed)*

16.  Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.

17.  Other: Assignee information attached

**18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:**

Continuation  Divisional  Continuation-in-part (CIP)

of prior application No.: 09,659,203

Group Art Unit: 1648

Prior application information: Examiner: S. Foley

For CONTINUATION OR DIVISIONAL APS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion of the prior application has been inadvertently omitted from the submitted application parts.

**19. INDIVIDUAL/PATENTEE ADDRESS**

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	00270 <small>Small Business Number (if applicable) Bar code (if applicable)</small>			<input type="checkbox"/> or <input type="checkbox"/> Correspondence address below
Name	Cathy A. Kodroff, Esquire			
Address	Howson and Howson			
City	Spring House	State	PA	Zip Code 19477
Country	USA	Telephone	(215) 540-9200	Fax (215) 540-5818

Name (Print/Type)	Cathy A. Kodroff, Esquire	Registration No. (Attorney/Agent)	33,980
Signature	<i>Cathy A. Kodroff</i>		Date 1/16/02

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.



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PATENT TRADEMARK OFFICE

## Assignee Information

The Trustees of the University of Pennsylvania  
Philadelphia, Pennsylvania 19104-3147

10053194.011502

Express Mail No. ET033621342US



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PTO/SB/17 (10-01)

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# FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 824.00)

## Complete if Known

Application Number			
Filing Date	01/16/2002		
First Named Inventor	Guangping Gao et al		
Examiner Name	S. Foley		
Group Art Unit	1648		
Attorney Docket No.	GNVPN.037BUSA		

## METHOD OF PAYMENT

1.  The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number  
08-3040Deposit Account Name  
Howson and Howson

Charge Any Additional Fee Required  
Under 37 CFR 1.16 and 1.17

Applicant claims small entity status.  
See 37 CFR 1.27

2.  Payment Enclosed:

Check  Credit card  Money Order  Other

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
101	740	201 370 Utility filing fee	740.00
106	330	206 165 Design filing fee	
107	510	207 250 Plant filing fee	
108	740	208 370 Reissue filing fee	
114	160	214 80 Provisional filing fee	

SUBTOTAL (1) (\$ 740.00)

## 2. EXTRA CLAIM FEES

Extra Claims	Fee from below	Fee Paid
Total Claims	19	-20** = 0 x 18.00 = 0.00
Independent Claims	4	-3** = 1 x 84.00 = 84.00
Multiple Dependent		280.00 - 0.00

Large Entity	Small Entity	Fee Description
Fee Code (\$)	Fee Code (\$)	Fee Description
103	18	203 9 Claims in excess of 20
102	84	202 42 Independent claims in excess of 3
104	280	204 140 Multiple dependent claim, if not paid
109	84	209 42 ** Reissue independent claims over original patent
110	18	210 9 ** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 84.00)

\*\*or number previously paid, if greater. For Reissues, see above

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
105	130	205 65 Surcharge - late filing fee or oath	
127	50	227 25 Surcharge - late provisional filing fee or cover sheet	
139	130	139 130 Non-English specification	
147	2,520	147 2,520 For filing a request for ex parte reexamination	
112	920*	112 920* Requesting publication of SIR prior to Examiner action	
113	1,840*	113 1,840* Requesting publication of SIR after Examiner action	
115	110	215 55 Extension for reply within first month	
116	400	216 200 Extension for reply within second month	
117	920	217 460 Extension for reply within third month	
118	1,440	218 720 Extension for reply within fourth month	
128	1,960	228 980 Extension for reply within fifth month	
119	320	219 160 Notice of Appeal	
120	320	220 160 Filing a brief in support of an appeal	
121	280	221 140 Request for oral hearing	
138	1,510	138 1,510 Petition to institute a public use proceeding	
140	110	240 55 Petition to revive - unavoidable	
141	1,280	241 640 Petition to revive - unintentional	
142	1,280	242 640 Utility issue fee (or reissue)	
143	460	243 230 Design issue fee	
144	620	244 310 Plant issue fee	
122	130	122 130 Petitions to the Commissioner	
123	50	123 50 Processing fee under 37 CFR 1.17(q)	
126	180	126 180 Submission of Information Disclosure Stmt	
581	40	581 40 Recording each patent assignment per property (times number of properties)	
146	740	246 370 Filing a submission after final rejection (37 CFR § 1.129(a))	
149	740	249 370 For each additional invention to be examined (37 CFR § 1.129(b))	
179	740	279 370 Request for Continued Examination (RCE)	
169	900	169 900 Request for expedited examination of a design application	
Other fee (specify) _____			

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$

## SUBMITTED BY

Name (Print/Type)	Cathy A. Kodroff, Esquire	Registration No. (Attorney/Agent)	33,980	Telephone	(215) 540-9200
Signature	<i>Cathy A. Kodroff</i>				

## Complete if applicable

Date 1/16/02

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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